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SDNY PRO SE OFFICE

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Dora Brown

19 CV 6648

CV

Write the full name of each plaintiff.

(Include case number if one has been assigned)

-against-

APPLE CORPORATION

COMPLAINT

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☐ Federal Question

☒ Diversity of Citizenship

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

B. If you checked Diversity of Citizenship

1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, Dora Brown, is a citizen of the State of
(Plaintiff's name)

New York
(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, _____, is a citizen of the State of
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or
subject of the foreign state of _____

If the defendant is a corporation:

The defendant, APPLE CORPORATION, is incorporated under the laws of
the State of CALIFORNIA

and has its principal place of business in the State of CALIFORNIA

or is incorporated under the laws of (foreign state) _____

and has its principal place of business in _____

If more than one defendant is named in the complaint, attach additional pages providing
information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional
pages if needed.

Dora I Brown
First Name Middle Initial Last Name

14 EAST 28th STREET #236
Street Address

NEW YORK NEW YORK 10016
County, City State Zip Code

(646) 629-8002 dorabrown520@gmail.com
Telephone Number Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

APPLE CORPORATION

First Name

Last Name

Current Job Title (or other identifying information)

APPLE ONE APPLE PARK WAY

Current Work Address (or other address where defendant may be served)

CUPERTINO

CALIFORNIA

95014

County, City

State

Zip Code

Defendant 2:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

Defendant 3:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

III. STATEMENT OF CLAIMPlace(s) of occurrence: Residence at East 28th St NYC Apartment 2B6Date(s) of occurrence: On current and continues**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

I use Apple iPhone and iPad as my ~~main~~ means of communication and have found that Apple provides to our security, not allowing other means, yet my iPad and now even my iPhone is plagued by "viruses" which interfere with my use of the device. My iPad ~~entirely~~ ^{limits} ~~my~~ over the use of it, which both Verizon, my wireless provider and Apple seem unable to mitigate the effects on my ability to use it, for "maintaining" which was the purpose of the service. The password I set up, gets changed and both tech support of Verizon spends daily troubleshooting sessions, yet control back back from the iPad. Attempts at watching anything, or using, one spends go back and forth to setups because there is interference which both Verizon & Apple seem to be unable to fix. I have also filed a suit against Verizon since they work in tandem and one depends on both for service. The other issues are all on a similar time inability to control ones device.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I write and am working on research and work for the past 50 years
which the constant stress has exacerbated both my asthmal and in addition
reaction disease created by Asbestos "Sarcoidosis" which has no cure or real treatment
I use Naproxen for the pain and is Metoprolol both prescribed by my PCP to mitigate
the constant pain and stress which health issues.

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

I would want Apple to pay the full amount of back pay including
at two rate rate for compensation and any other relief the court orders.


V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

07.16.19
Dated


Plaintiff's Signature

DORA
First Name

I
Middle Initial

BROWN
Last Name

14 E 28th STREET #236
Street Address

NEW YORK
County, City

NEW YORK
State

10016
Zip Code

(646) 629-8002
Telephone Number

dorabrown520@gmail.com
Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☒ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.